



OCT 16 2006

PTO/SB/17 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/602,740-Conf. #1632	Filing Date June 23, 2000
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00		First Named Inventor Markus POMPEJUS	Examiner Name C. L. Fronza
		Art Unit 1652	Attorney Docket No. BGI-126CP

  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <u>12-0080</u> Deposit Account Name <u>Lahive &amp; Cockfield, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

  

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

  

<b>2. EXCESS CLAIM FEES</b>		
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

  

<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> 31    - 52 =    x    =    _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> _____    _____
HP = highest number of total claims paid for, if greater than 20	
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> 2    - 15 =    x    =    _____	
HP = highest number of independent claims paid for, if greater than 3	

  

<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>
_____	- 100 = _____	/ 50    _____	(round up to a whole number) x    =    _____

  

<b>4. OTHER FEE(S)</b>		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1251 Extension for response within first month		120.00

  

<b>SUBMITTED BY</b>		
Signature	Examination No. 56,266	Telephone (617) 227-7400
Name (Print/Type) Mana Laccotipe Zacharakis, Ph.D., J.D.		Date October 16, 2006

I hereby certify that this paper (along with a copy paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at M.S. AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated October 16, 2006

Signature: \_\_\_\_\_ (Mana Laccotipe Zacharakis, Ph.D., J.D.)

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4618). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b> Application Number 09/602,740-Conf. #1632 Filing Date June 23, 2000 First Named Inventor Markus POMPEJUS Examiner Name C. L. Fronda Art Unit 1652 Attorney Docket No. BGI-128CP	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) \_\_\_\_\_  
☒ Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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**2. EXCESS CLAIM FEES**

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31	52	x	=	Fee (\$)
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
2	15	x	=	
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Other (e.g., late filing surcharge)	1251 Extension for response within first month	Fees Paid (\$)
		120.00

<b>SUBMITTED BY</b>		56,266	Telephone (617) 227-7400
Signature	<i>Mania Laccotripe Zacharakis</i>	(Attorney/Agent)	Date October 16, 2006
Name (Print/Type)	Mania Laccotripe Zacharakis, Ph.D., J.D.		

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Dated October 16, 2006

Signature: *Mania Laccotripe Zacharakis* (Mania Laccotripe Zacharakis, Ph.D., J.D.)

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